SURA RESIDENCE FACILITY GREAT ROOM / FIELD RENTAL REQUEST

<u>INSTRUCTIONS:</u> Call Residence Facility (269-7460) to check availability before submitting this form! Fill in form, print and obtain required signatures. Return copy with <u>original</u> signatures to Residence Facility MS 6. Form must be received at least 5 days prior to event.

Reservations will be confirmed only upon receipt of this form.

FUNCTION INFORMATION						
Facility Requested: Gre	eat Room	Field		Date Submitted		
Name of Event	Name of Event Person Requesting Facility					
Date of Event	Т	Γime of Event		_am/pm TOam/pm		
Type of Function	Type of Function Will food / beverage be served or allowed? YesNo					
Number of Attendees (Maximum in Great Room per Fire Regulations = 50)						
Person Responsible for funct	tion:					
_	Na	nme	·	Title		
This person must remain on site for the entire scheduled event and complete the Residence Facility Rental Checklist at the end of the function. The checklist will be provided at time of event to the person noted above.						
ALCOHOL INFORMATION						
	Will alcohol be se	rved?	Yes	No		
Alcohol must be served with food and the signature of the Associate Director is required.						
Signature of Associate Director						
PAYMENT INFORMATION						
	GREAT RO			\$50.00		
Rental fee to be paid by						
Method of Payment: Cr	redit CardCash	CheckI	Invoice			
Invoice Billing should be bille Account Number Mail Stop # Ext						
Authorization of Payment:				 Date		